

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF MISSOURI

Case number (if known): Chapter you are filing under:

- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

- 1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Murial

First Name

Velinda

Middle Name

Wells

Last Name

Suffix (Sr., Jr., II, III)

First Name

Middle Name

Last Name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or
maiden names.

First Name

Middle Name

Last Name

First Name

Middle Name

Last Name

- 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

XXX - XX - 1 2 1 2

OR

9xx - xx -

XXX - XX -

OR

9xx - xx -

Debtor 1 **Murial Velinda Wells**

Case number (if known) _____

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

About Debtor 1:

☐ I have not used any business names or EINs.

Suga Baby Cakez and Pretzel Too

Business name

Business name

Business name

EIN

EIN

About Debtor 2 (Spouse Only in a Joint Case):

☐ I have not used any business names or EINs.

Business name

Business name

Business name

EIN

EIN

5. Where you live

315 Riverview Lane

Number Street

Apt. 5

St. Charles MO 63301

City State ZIP Code

St. Charles

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

Debtor 1 Murial Velinda Wells Case number (if known) _____

8. How you will pay the fee ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- ☐ No
☒ Yes.

District	<u>EDMO Ch.13 Dismissed</u>	When	<u>02/27/2018</u> MM / DD / YYYY	Case number	<u>18-41091</u>
District	<u>EDMO Ch.13 Dismissed</u>	When	<u>06/20/2017</u> MM / DD / YYYY	Case number	<u>17-44248</u>
District	<u>EDMO Ch.13 Dismissed</u>	When	<u>12/11/2014</u> MM / DD / YYYY	Case number	<u>14-49622</u>

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- ☒ No
☐ Yes.

Debtor	_____	Relationship to you	_____
District	_____	When	_____
		MM / DD / YYYY	if known
District	_____	When	_____
		MM / DD / YYYY	if known

11. Do you rent your residence?

- ☐ No. Go to line 12.
- ☒ Yes. Has your landlord obtained an eviction judgment against you?
- ☒ No. Go to line 12.
- ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Murial Velinda Wells**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

- ☐ No. Go to Part 4.
☒ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Suga Baby Cakez and Pretzel Too, LLC

Name of business, if any

315 Riverview Lane, Apt. 5, St. Charles, MO 63301

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☒ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

- ☒ No
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1 **Murial Velinda Wells**

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Murial Velinda Wells**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

- 16. What kind of debts do you have?**
- 16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.
- 16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.
- 16c.** State the type of debts you owe that are not consumer or business debts.

- 17. Are you filing under Chapter 7?**
- ☐ No. I am not filing under Chapter 7. Go to line 18.
- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☒ No
☐ Yes
- 18. How many creditors do you estimate that you owe?**
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
- 19. How much do you estimate your assets to be worth?**
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
- 20. How much do you estimate your liabilities to be?**
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Murial Velinda Wells _____

Murial Velinda Wells, Debtor 1

Executed on 12/09/2019
MM / DD / YYYY

X _____

Signature of Debtor 2

Executed on _____
MM / DD / YYYY

Debtor 1 **Murial Velinda Wells** Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ Randall T. Oettle Date **12/09/2019**
Signature of Attorney for Debtor MM / DD / YYYY

Randall T. Oettle

Printed name

R.O.C. Law, Randall Oettle Company, P.C.

Firm Name

12964 Tesson Ferry, Suite B

Number Street

St. Louis

City

MO

State

63128

ZIP Code

Contact phone **(314) 843-0220** Email address _____

46820

Bar number

State

Fill in this information to identify your case and this filing:

Debtor 1	Murial	Velinda	Wells
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here..... →

\$0.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☒ No
☐ Yes

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here..... →

\$0.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe.....

Two bedroom, one bathroom, rental apartment residence.

\$500.00

Debtor describes her household goods and furnishings as average quantity and average quality.

Debtor 1 **Murial Velinda Wells** Case number (if known) _____

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe..... **One television and one cellular device.** **\$100.00**

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe..... _____

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe..... _____

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

☒ Yes. Describe..... **One handgun.** **\$100.00**

Debtor states that this firearm is used for protection.

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe..... **Debtor describes her wearing apparel as average quantity and average quality.** **\$100.00**

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe..... **Costume jewelry.** **\$100.00**

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe..... _____

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information..... _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here..... →

\$900.00

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes..... Cash: **\$5.00**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes..... Institution name:

17.1. Checking account: Regions Bank - Checking Account **\$122.00**

17.2. Checking account: Commerce Bank - Checking Account

This account belongs to the Debtor's son Daniel Thomas, Jr. Debtor is listed on this account for conservator purposes only. These funds belong solely to the Debtor's son Daniel, the current balance is approximately \$5.00.

\$1.00

17.3. Other financial account: EBT Pre-paid Debit Card

Debtor's Food Stamp benefits are deposited onto this pre-paid debit card. These funds can only be applied towards the purchase of consumable / perishable food related items.

\$640.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☐ No

☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

Debtor is sole member of Suga Baby Cakez and Pretzel Too, LLC, which is a new LLC to be operated by her children to make and sell cupcakes and Pretzels. The children are under 18, so Debtor is sole member, but the company will be operated solely by the children. There are no assets of this business, no sales, no equipment, no vehicles, no accounts receivables, no claims and one bank account at commerce bank with NO funds.

100%

\$1.00

Debtor 1 Murial Velinda Wells Case number (if known) _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

- ☒ No
☐ Yes. Give specific information about them..... Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☐ No
☒ Yes. List each account separately. Type of account: Institution name:

Pension plan: **Debtor has a Pension Plan through her employer. Currently there is no cash surrender value. The monthly pension benefit is based upon how many years of service the Debtor has worked. Once Debtor is eligible to retire she will collect a monthly pension check based upon those years of service.**

\$1.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☐ No
☒ Yes..... Institution name or individual:

Security deposit on rental unit: **SJS Properties - Landlord - is holding a security deposit. Debtor is unaware what portion, if any, will be refunded upon moving out of the rental apartment residence.**

\$1.00

23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years)

- ☒ No
☐ Yes..... Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- ☒ No
☐ Yes. Give specific information about them

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them

Debtor 1 **Murial Velinda Wells**

Case number (if known) _____

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

☐ No

☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: Debtor filed 2018 taxes and received \$8,841.00 from federal and \$21.00 from state. Debtor expects to receive a similar or less refund for 2019 taxes. Of the 2018 refund, \$4,774.00 was EIC based and \$3,603.00 was Additional Child Tax Credit based. Debtor expects a similar EIC and Additional Child Tax Credit in 2019. After deducting the EIC and Additional Child Tax Credit, Debtor expects refunds totaling \$485.00 and, as of the day of filing, the Estate's interest is 94%--or \$455.90. Debtor asserts her exemptions against the Estate's interest. Debtor hereby also asserts any claim for EIC or Additional Child Tax Credit protection in the event and to the extent she qualifies for same on her 2019 tax returns. Amt: \$455.90

Federal: **\$455.90**

State: **\$0.00**

Local: **\$0.00**

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

Debtor has a term life insurance policy through her employer, which is only payable upon death, and this policy has no cash value.

Debtor's Children

\$1.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

☒ No

☐ Yes. Give specific information

Debtor 1 Murial Velinda Wells Case number (if known) _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☐ No

☒ Yes. Describe each claim.....

Debtor is unaware of any civil claim for personal injury, worker compensation, property damage, exposure, legal, medical or financial malpractice/malfeasance, class action claim, employment or discrimination claim, or any other potential right to recover monetary sum from a second or third party. Debtor retains the right to assert any such claim and amend her/his Schedule B, accordingly, in the event such claim is discovered or disclosed to Debtor.

\$0.00

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....



\$1,227.90

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

38. Accounts receivable or commissions you already earned

☒ No

☐ Yes. Describe..

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No

☐ Yes. Describe..

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No

☐ Yes. Describe..

41. Inventory

☒ No

☐ Yes. Describe..

Debtor 1 Murial Velinda Wells Case number (if known) _____

42. Interests in partnerships or joint ventures

- ☒ No
☐ Yes. Describe..... Name of entity: _____ % of ownership: _____

43. Customer lists, mailing lists, or other compilations

- ☒ No
☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?
☐ No
☐ Yes. Describe.... _____

44. Any business-related property you did not already list

- ☒ No
☐ Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... → **\$0.00**

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- ☒ No
☐ Yes.... _____

48. Crops--either growing or harvested

- ☒ No
☐ Yes. Give specific information..... _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☒ No
☐ Yes.... _____

50. Farm and fishing supplies, chemicals, and feed

- ☒ No
☐ Yes.... _____

51. Any farm- and commercial fishing-related property you did not already list

- ☒ No
☐ Yes. Give specific information..... _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... → **\$0.00**

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☐ No

☒ Yes. Give specific information.

Small variety of hand tools.

\$10.00

54. Add the dollar value of all of your entries from Part 7. Write that number here..... →

\$10.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... →

\$0.00

56. Part 2: Total vehicles, line 5

\$0.00

57. Part 3: Total personal and household items, line 15

\$900.00

58. Part 4: Total financial assets, line 36

\$1,227.90

59. Part 5: Total business-related property, line 45

\$0.00

60. Part 6: Total farm- and fishing-related property, line 52

\$0.00

61. Part 7: Total other property not listed, line 54

+ \$10.00

62. Total personal property. Add lines 56 through 61.....

\$2,137.90

Copy personal
property total →

+ \$2,137.90

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$2,137.90

Fill in this information to identify your case:

Debtor 1	Murial	Velinda	Wells
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MISSOURI		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption	
Brief description: Two bedroom, one bathroom, rental apartment residence.	<u>\$500.00</u>	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(1)
Debtor describes her household goods and furnishings as average quantity and average quality. Line from <i>Schedule A/B</i> : <u>6</u>			
Brief description: One television and one cellular device.	<u>\$100.00</u>	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(1)
Line from <i>Schedule A/B</i> : <u>7</u>			

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor 1 **Murial Velinda Wells**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
---	--	--------------------------------------	------------------------------------

Copy the value from *Schedule A/B* Check only one box for
each exemption

Brief description:

One handgun.

\$100.00



\$100.00

Mo. Rev. Stat. § 513.430.1(1)



100% of fair market
value, up to any
applicable statutory
limit

**Debtor states that this firearm is used for
protection.**

Line from *Schedule A/B*: 10

Brief description:

**Debtor describes her wearing apparel as
average quantity and average quality.**

\$100.00



\$100.00

Mo. Rev. Stat. § 513.430.1(1)



100% of fair market
value, up to any
applicable statutory
limit

Line from *Schedule A/B*: 11

Brief description:

Costume jewelry.

\$100.00



\$100.00

Mo. Rev. Stat. § 513.430.1(2)



100% of fair market
value, up to any
applicable statutory
limit

Line from *Schedule A/B*: 12

Brief description:

Cash on person.

\$5.00



\$5.00

Mo. Rev. Stat. § 513.430.1(3)



100% of fair market
value, up to any
applicable statutory
limit

Line from *Schedule A/B*: 16

Brief description:

Regions Bank - Checking Account

\$122.00



\$122.00

Mo. Rev. Stat. § 513.430.1(3)



100% of fair market
value, up to any
applicable statutory
limit

Line from *Schedule A/B*: 17.1

Brief description:

Commerce Bank - Checking Account

\$1.00



\$1.00

Mo. Rev. Stat. § 513.430.1(3)



100% of fair market
value, up to any
applicable statutory
limit

**This account belongs to the Debtor's son
Daniel Thomas, Jr. Debtor is listed on this
account for conservator purposes only.
These funds belong solely to the Debtor's
son Daniel, the current balance is
approximately \$5.00.**

Line from *Schedule A/B*: 17.2

Brief description:

EBT Pre-paid Debit Card

\$640.00



\$640.00

Mo. Rev. Stat. § 513.430.1(10)(a)



100% of fair market
value, up to any
applicable statutory
limit

**Debtor's Food Stamp benefits are
deposited onto this pre-paid debit card.
These funds can only be applied towards
the purchase of consumable / perishable
food related items.**

Line from *Schedule A/B*: 17.3

Debtor 1 **Murial Velinda Wells**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
---	--	--------------------------------------	------------------------------------

Copy the value from *Schedule A/B* *Check only one box for each exemption*

Brief description:

Debtor has a Pension Plan through her employer. Currently there is no cash surrender value. The monthly pension benefit is based upon how many years of service the Debtor has worked. Once Debtor is eligible to retire she will collect a monthly pension check based upon those years of service.

Line from *Schedule A/B*: 21

<u>\$1.00</u>	<input checked="" type="checkbox"/>	<u>\$1.00</u>	Mo. Rev. Stat. § 513.430.1(10)(f)
	<input type="checkbox"/>	100% of fair market value, up to any applicable statutory limit	

Brief description:

SJS Properties - Landlord - is holding a security deposit. Debtor is unaware what portion, if any, will be refunded upon moving out of the rental apartment residence.

Line from *Schedule A/B*: 22

<u>\$1.00</u>	<input checked="" type="checkbox"/>	<u>\$1.00</u>	Mo. Rev. Stat. § 513.430.1(3)
	<input type="checkbox"/>	100% of fair market value, up to any applicable statutory limit	

Brief description:

Debtor filed 2018 taxes and received \$8,841.00 from federal and \$21.00 from state. Debtor expects to receive a similar or less refund for 2019 taxes. Of the 2018 refund, \$4,774.00 was EIC based and \$3,603.00 was Additional Child Tax Credit based. Debtor expects a similar EIC and Additional Child Tax Credit in 2019. After deducting the EIC and Additional Child Tax Credit, Debtor expects refunds totaling \$485.00 and, as of the day of filing, the Estate's interest is 94%--or \$455.90. Debtor asserts her exemptions against the Estate's interest. Debtor hereby also asserts any claim for EIC or Additional Child Tax Credit protection in the event and to the extent she qualifies for same on her 2019 tax returns.

(1st exemption claimed for this asset)

Line from *Schedule A/B*: 28

<u>\$455.90</u>	<input checked="" type="checkbox"/>	<u>\$455.90</u>	Mo. Rev. Stat. § 513.440
	<input type="checkbox"/>	100% of fair market value, up to any applicable statutory limit	

Debtor 1 **Murial Velinda Wells**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
<p>Brief description: Debtor filed 2018 taxes and received \$8,841.00 from federal and \$21.00 from state. Debtor expects to receive a similar or less refund for 2019 taxes. Of the 2018 refund, \$4,774.00 was EIC based and \$3,603.00 was Additional Child Tax Credit based. Debtor expects a similar EIC and Additional Child Tax Credit in 2019. After deducting the EIC and Additional Child Tax Credit, Debtor expects refunds totaling \$485.00 and, as of the day of filing, the Estate's interest is 94%--or \$455.90. Debtor asserts her exemptions against the Estate's interest. Debtor hereby also asserts any claim for EIC or Additional Child Tax Credit protection in the event and to the extent she qualifies for same on her 2019 tax returns. (2nd exemption claimed for this asset) Line from <i>Schedule A/B</i>: <u>28</u></p>	<u>\$455.90</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(10)(a) (Claimed: \$0.00 100% Of FMV, but TBE applies only to Non-Joint Debts)
<p>Brief description: Debtor has a term life insurance policy through her employer, which is only payable upon death, and this policy has no cash value. (1st exemption claimed for this asset) Line from <i>Schedule A/B</i>: <u>31</u></p>	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(7)
<p>Brief description: Debtor has a term life insurance policy through her employer, which is only payable upon death, and this policy has no cash value. (2nd exemption claimed for this asset) Line from <i>Schedule A/B</i>: <u>31</u></p>	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(8)
<p>Brief description: Small variety of hand tools. Line from <i>Schedule A/B</i>: <u>53</u></p>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(1)

Fill in this information to identify your case:

Debtor 1 Murial Velinda Wells
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
<u>\$1,509.94</u>	<u>\$100.00</u>	<u>\$1,409.94</u>

2.1

**Describe the property that
secures the claim:**
PMSI - Bedroom Furniture

Acceptance Now

Creditor's name
2409 North Highway 67
Number Street

Florissant MO 63033-2035
City State ZIP Code

Who owes the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☒ Other (including a right to offset)

Lease Agreement

Date debt was incurred 2014 Last 4 digits of account number 1 2 1 2

Add the dollar value of your entries in Column A on this page. Write that number here:

\$1,509.94

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 1:	Additional Page After listing any entries on this page, number them sequentially from the previous page.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion If any

2.2	Describe the property that secures the claim: Box Springs and Mattresses	\$1,424.00	\$50.00	\$1,374.00
Progressive Creditor's name <u>11629 South 700 East</u> Number Street <u>Suite 250</u> <u>Draper</u> <u>UT</u> <u>84020</u> City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>02/2014</u> Last 4 digits of account number <u>5 1 4 7</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) PMSI Lease Agreement				

2.3	Describe the property that secures the claim: Bedroom Furniture	\$2,970.03	\$100.00	\$2,870.03
Smart Sales & Lease Creditor's name <u>1774 Centre Street</u> Number Street <u>Unit A</u> <u>Rapid City</u> <u>SD</u> <u>57703</u> City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>2014</u> Last 4 digits of account number <u>1 2 1 2</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) PMSI - Lease Agreement				

Add the dollar value of your entries in Column A on this page. Write that number here:

\$4,394.03

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$5,903.97

Fill in this information to identify your case:

Debtor 1 Murial Velinda Wells
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1			
Priority Creditor's Name _____			
Number _____ Street _____			
City _____ State _____ ZIP Code _____			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Last 4 digits of account number _____			
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim

\$400.00

4.1

Advance America

Nonpriority Creditor's Name

2730 North Hwy 67

Number Street

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 11/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Florissant

MO 63033

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Payday Loan

4.2

Advanced Bone and Joint

Nonpriority Creditor's Name

P.O. Box 430

Number Street

Last 4 digits of account number 1 2 1 2

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

St. Peters

MO 63376

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical Services

\$242.00

Debtor 1 Murial Velinda Wells

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$16.01

4.3

Allied Waste Services

Nonpriority Creditor's Name

P.O. Box 9001099

Number Street

Louisville

KY 40290

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 9 4 2 7

When was the debt incurred? 04/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Waste Services

\$227.00

4.4

Ameren Missouri

Nonpriority Creditor's Name

P.O. Box 66529

Number Street

St. Louis

MO 63166

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Utility Service

\$2,525.12

4.5

AmeriCash Loans

Nonpriority Creditor's Name

10026 W Florissant Ave.

Number Street

St. Louis

MO 63136

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 4 3 1 4

When was the debt incurred? 10/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Payday Loan

Debtor 1 Murial Velinda Wells

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.6

\$133.53

Arch Orthodontics

Nonpriority Creditor's Name

5976 Howdershell Road

Number Street

Suite 207

Hazelwood

City

MO

State

63042

ZIP Code

Who incurred the debt?

Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2015-2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Dental Services

4.7

\$5,375.00

Arsenal Credit Union

Nonpriority Creditor's Name

8651 Watson Rd

Number Street

Saint Louis

City

MO

State

63119

ZIP Code

Who incurred the debt?

Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 0 0 0 1

When was the debt incurred? 09/2013

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Automobile

Debtor states that this automobile (2014 Ford Explorer) was voluntarily surrendered in March of 2019.

Debtor 1 Murial Velinda Wells

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$513.61

4.8

AT&T

Nonpriority Creditor's Name

P.O. Box 5014

Number Street

Carol Stream

IL

60197

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 8 6 9 4

When was the debt incurred? 08/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Telephone Services

\$1,367.19

4.9

AT&T U-verse

Nonpriority Creditor's Name

P.O. Box 5014

Number Street

Carol Stream

IL

60197

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 4 3 8 1

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Cable Services

\$1,870.00

4.10

Axcssfn/cngo

Nonpriority Creditor's Name

7755 Montgomery Rd Ste 4

Number Street

Cincinnati

OH

45236

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 1 0 8

When was the debt incurred? 10/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Unsecured

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$25.00

4.11

Back Experts, LLC

Nonpriority Creditor's Name

19 Mullanphy Gardens

Number Street

Florissant

MO 63031

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 4 5 1 3

When was the debt incurred? 01/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

4.12

Baer Pediatrics, LLC

Nonpriority Creditor's Name

3009 North Ballas Road

Number Street

Suite 257C

St. Louis

MO 63131

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

\$36.85

4.13

Banfield Pet Hospital

Nonpriority Creditor's Name

2861 I-70 Service Road South

Number Street

Saint Charles

MO 63301

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 0 0 1

When was the debt incurred? 02/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Pet Services

\$232.00

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$122.49

4.14

BJC Health Care

Nonpriority Creditor's Name

PO Box 958410

Number Street

St. Louis

MO 63195

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2014-2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

\$2,073.00

4.15

Capital 1 Bank

Nonpriority Creditor's Name

Attn: General Correspondence

Number Street

PO Box 30285

Salt Lake City

UT 84130

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 6 0 1 0

When was the debt incurred? 12/2011

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

\$326.00

4.16

Cardinal Glennon Children's Hospital

Nonpriority Creditor's Name

P.O. box 505157

Number Street

St. Louis

MO 63150

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$500.00

4.17

Cashnet USA

Nonpriority Creditor's Name

P.O. Box 06230

Number Street

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 10/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Payday Loan

Chicago

IL 60606

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Unknown

4.18

Central Bank

Nonpriority Creditor's Name

54 Highway W

Number Street

Last 4 digits of account number 4 4 9 6

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Possible Overdrawn Accounts

Lake Ozark

MO 65049

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

\$176.00

4.19

Charter Communications

Nonpriority Creditor's Name

941 Charter Commons Dr

Number Street

Last 4 digits of account number 1 2 1 2

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Cable Services

Town & Country

MO 63017

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$5,940.53

4.20

Check N Go

Nonpriority Creditor's Name

262 Mayfair Plaza Shopping Center

Number Street

Florissant

MO 63033-8009

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.21

Colon Rectal Health Center

Nonpriority Creditor's Name

2315 Dougherty Ferry Rd, Suite 107

Number Street

St. Louis

MO 63122

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.22

Comenitybk/victoriasec

Nonpriority Creditor's Name

Po Box 182789

Number Street

Columbus

OH 43218

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 1 0 8

When was the debt incurred? 11/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Payday Loan

Last 4 digits of account number 3 9 8 1

When was the debt incurred? 01/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical Services

Last 4 digits of account number 7 5 2 8

When was the debt incurred? 04/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Charge Account

\$58.00

Debtor 1 **Murial Velinda Wells**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$1,238.00

4.23

Commerce Bk

Nonpriority Creditor's Name

P O Box 411036

Number Street

Last 4 digits of account number 6 8 1 1

When was the debt incurred? 02/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Kansas City

MO 64141

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Line Secured

4.24

Credit Acceptance Corp

Nonpriority Creditor's Name

Po Box 5070

Number Street

Last 4 digits of account number 7 6 6 2

When was the debt incurred? 01/20/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Southfield

MI 48086

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Automobile

\$12,997.00

Debtor states that this automobile (2015 Kia Optima) was voluntarily surrendered in June of 2019.

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$1,068.00

4.25

Credit One Bank

Nonpriority Creditor's Name

PO Box 98873

Number Street

Las Vegas

NV

89193

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.26

Credit One Bank

Nonpriority Creditor's Name

P.O. Box 98873

Number Street

Las Vegas

NV

89193

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.27

Delta Medical Supply, Inc.

Nonpriority Creditor's Name

9535 Lackland Road

Number Street

Suite A

St. Louis

MO

63114

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 2 2 5 0

When was the debt incurred? 04/2011

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

Last 4 digits of account number 5 3 6 1

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

\$23.67

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$185.00

4.28

DePaul HC Phy Billing

Nonpriority Creditor's Name

PO Box 503913

Number Street

St. Louis

MO

63150-3913

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.29

Depaul Health Center

Nonpriority Creditor's Name

1015 Corporate Square Drive

Number Street

St. Louis

MO

63132

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 05/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

\$189.83

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$68,270.00

4.30

Enterprise

Nonpriority Creditor's Name

1281 N Warson Rd

Number Street

Last 4 digits of account number 4 0 9 8

When was the debt incurred? 05/08/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Saint Louis

MO 63132

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Real Estate Specific Type Unknown

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor states that this real estate located at 1670 Bobbinray Avenue, Florissant, MO 63031 was foreclosed upon in December of 2018.

4.31

\$12.38

Ernst Radiology Clinic

Nonpriority Creditor's Name

P.O. Box 1127

Number Street

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 04/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Maryland Heights

MO 63043

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$538.00

4.32

First Premier Bank

Nonpriority Creditor's Name

3820 N Louise Ave

Number Street

Last 4 digits of account number 8 5 3 0

When was the debt incurred? 09/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Sioux Falls

SD 57107

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

\$200.00

4.33

Gateway Orthodontics

Nonpriority Creditor's Name

14 Grandview Plaza Shop

Number Street

Last 4 digits of account number 3 2 0 6

When was the debt incurred? 03/2011

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Florissant

MO 63033

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Dental Services

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$48,465.55

4.34

Habitat for Humanity St. Louis

Nonpriority Creditor's Name

3763 Forst Park Avenue

Number Street

St. Louis

City

MO

State

63108

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor states that this real estate located at 1670 Bobbinray Avenue, Florissant, MO 63031 was foreclosed upon in December of 2018.

4.35

Hackett Security, Inc.

Nonpriority Creditor's Name

9811 South Forty Drive

Number Street

St. Louis

City

MO

State

63124

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Lien

Last 4 digits of account number 2 1 8 2

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Monitoring Services

\$11.00

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$532.31

4.36

Inpt Conslt of Missouri

Nonpriority Creditor's Name

P.O. Box 844914

Number Street

Los Angeles

CA

90084

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

\$277.13

4.37

Laclede Gas Compant

Nonpriority Creditor's Name

700 Market St.

Number Street

St. Louis

MO

63101

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 0 0 0

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Utility Services

\$2,940.63

4.38

Mercy East

Nonpriority Creditor's Name

P.O. Box 505381

Number Street

St. Louis

MO

63150

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$750.10

4.39

Mercy Hospital St. Louis

Nonpriority Creditor's Name

P.O. Box 504856

Number Street

St. Louis

MO 63150-4856

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

\$1,611.10

4.40

Mercy St. John's Medical Center

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

\$31.00

4.41

Midwest Dermatology

Nonpriority Creditor's Name

P.O. Box 790379

Number Street

St. Louis

MO 63179

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$1,300.00

4.42

Missouri American Water

Nonpriority Creditor's Name

P.O. Box 578

Number Street

Alton IL 62002-0578

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Utility Services

4.43

Missouri Baptist Medical Center

Nonpriority Creditor's Name

3015 N. Ballas Road

Number Street

St. Louis MO 63131

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 04/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

\$47.27

4.44

Mohela

Nonpriority Creditor's Name

633 Spirit Dr

Number Street

Chesterfield MO 63005

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 0 0 2

When was the debt incurred? 04/2002

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

\$2,535.00

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$1,925.00

4.45

Mohela

Nonpriority Creditor's Name

633 Spirit Dr

Number Street

Chesterfield

MO

63005

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 0 0 1

When was the debt incurred? 04/2002

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

\$3,135.00

4.46

Mohela/sofi

Nonpriority Creditor's Name

633 Spirit Drive

Number Street

Chesterfield

MO

63005

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 0 0 7

When was the debt incurred? 04/11/2002

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

\$2,205.00

4.47

Mohela/sofi

Nonpriority Creditor's Name

633 Spirit Drive

Number Street

Chesterfield

MO

63005

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 0 0 8

When was the debt incurred? 04/11/2002

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$1,760.00

4.48

Nextel Communication

Nonpriority Creditor's Name

75 Remittance Dr, Ste 93117

Number Street

Chicago

IL

60675-3117

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 5 9 2 7

When was the debt incurred? 06/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Telephone Services

\$1,076.00

4.49

Our Urgent Care, LLC

Nonpriority Creditor's Name

PO Box 2188

Number Street

Loves Park

IL

61130

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

\$664.59

4.50

Pnc Bank

Nonpriority Creditor's Name

One Oliver Plaza

Number Street

Pittsburgh

PA

15265

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Overdrawn Account

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$437.00

4.51

Progressive Insurance/Casualty Company

Nonpriority Creditor's Name
6300 Wilson Mills Rd.

Number Street

Mayfield Village OH 44143

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.52

Quest Diagnostics Incorporated

Nonpriority Creditor's Name
P.o.Box 740780

Number Street

Cincinnati OH 45274

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.53

Records Recovery Services

Nonpriority Creditor's Name
1709 Missouri Blvd.

Number Street

Suite C #210

Jefferson City MO 65109

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Insurance Services**

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 08/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

Last 4 digits of account number 1 0 4 9

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Services**

\$87.00

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$200.00

4.54

Regions Bank

Nonpriority Creditor's Name

P.O. Box 11407

Number Street

Birmingham

AL

35246

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2010

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Overdrawn Account

4.55

Schumacher Group

Nonpriority Creditor's Name

P.O. Box 731650

Number Street

Dallas

TX

75375-1650

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 04/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical Services

4.56

Shari L. Kaminsky, DPM

Nonpriority Creditor's Name

Jerry M. Liddell, DPM

Number Street

P.O. Box 78609

St. Louis

MO

63178

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical Services

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$16.59

4.57

SLU Care

Nonpriority Creditor's Name

P.O. Box 18353M

Number Street

St. Louis

MO 63195-8353

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 9 5 8 1

When was the debt incurred? 03/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

4.58

Spectrum

Nonpriority Creditor's Name

P.O. Box 790086

Number Street

St. Louis

MO 63179

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 9 2 5 3

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Communication Services

4.59

Spire

Nonpriority Creditor's Name

Drawer 2

Number Street

St. Louis

MO 63171

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Utility Services

\$805.00

Debtor 1 **Murial Velinda Wells**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$1,000.00

4.60

Sprint

Nonpriority Creditor's Name

P.O. Box 219554

Number Street

Kansas City

MO

64121-9554

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.61

SSM Health Care

Nonpriority Creditor's Name

P.O. Box 795100

Number Street

St. Louis

MO

63179-0700

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.62

SSM Health DePaul Hospital

Nonpriority Creditor's Name

P.O. Box 776236

Number Street

Chicago

IL

60677

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Cellular Services

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 04/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

\$2,181.00

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$360.70

4.63

SSM Health Medical Group

Nonpriority Creditor's Name

P.O. Box 795100

Number Street

St. Louis

MO 63179

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 8 6 0 9

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical Services

4.64

SSM Health Medical Group

Nonpriority Creditor's Name

P.O. Box 955978

Number Street

St. Louis

MO 63195

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical Services

4.65

St Louis Community Cu

Nonpriority Creditor's Name

3651 Forest Park Ave

Number Street

Saint Louis

MO 63108

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 0 F A

When was the debt incurred? 05/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Unsecured

\$171.00

Debtor 1 Murial Velinda Wells

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$294.00

4.66

St. Louis Community College

Nonpriority Creditor's Name

11333 Big Bend Road

Number Street

Kirkwood

MO 63122-2810

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 8 1 5 8

When was the debt incurred? 07/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Educational

4.67

St. Louis County Collector

Nonpriority Creditor's Name

41 S. Central Ave

Number Street

St. Louis

MO 63105

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2014-2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Personal Property Taxes

\$2,495.03

Case No.: 17SI-MC01899

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$1,189.01

4.68

St. Louis County Collector

Nonpriority Creditor's Name

41 S. Central Ave

Number Street

St. Louis

MO 63105

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.69

Tbom/total Crd

Nonpriority Creditor's Name

Po Box 85710

Number Street

Sioux Falls

SD 57118

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.70

US Bank

Nonpriority Creditor's Name

332 Minnesota Drive

Number Street

St. Paul

MN 55102

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 5 4 9

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Personal Property Taxes

Last 4 digits of account number 0 7 3 6

When was the debt incurred? 08/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Overdrawn Account

\$900.00

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.71

\$136,836.00

Us Dept Of Ed/glelsi

Nonpriority Creditor's Name

Po Box 7860

Number Street

Last 4 digits of account number 8 5 8 1

When was the debt incurred? 08/2010

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Madison WI 53707

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

4.72

\$2,592.52

Verizon Wireless

Nonpriority Creditor's Name

1515 Woodfield Rd., Ste. 140

Number Street

Last 4 digits of account number 0 0 0 1

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Schaumburg IL 60173

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Cellular Services

4.73

\$57.23

Washington University Physicians

Nonpriority Creditor's Name

P.O. Box 502432

Number Street

Last 4 digits of account number 0 2 4 4

When was the debt incurred? 04/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

St. Louis MO 63150-2432

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$50.00

4.74

Womens Care Consultants, LLC

Nonpriority Creditor's Name

3023 North Ballas Road

Number Street

Suite 120D

St. Louis

City

MO

State

63131

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 2 1 2

When was the debt incurred? 2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Allied Interstate Inc

Name

7525 West Campus Rd

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Nextel

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5 9 2 7

New Albany

OH

43054

City

State

ZIP Code

Alltran Financial, LP

Name

P.O. Box 610

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for LVNV

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Funding, LLC

Last 4 digits of account number 7 6 5 7

Sauk Rapids

MN

56379

City

State

ZIP Code

AMCOL Systems, Inc.

Name

P.O. Box 21625

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Mercy St.

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Johns Medical Center

Last 4 digits of account number 0 8 0 9

Columbia

SC

29221

City

State

ZIP Code

Bass & Associates

Name

3936 E. Fort Lowell Rd., Ste 200

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Cavalry

☐ Part 2: Creditors with Nonpriority Unsecured Claims

SPV I, LLC

Last 4 digits of account number 6 4 1 3

Tucson

AZ

85712

City

State

ZIP Code

Bay Area Credit Service

Name

P.O. Box 468449

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for AT&T

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Uverse

Last 4 digits of account number 4 7 5 6

Atlanta

GA

31146

City

State

ZIP Code

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

CACi

Name

PO Box 1022

Number Street

Wixom

MI

48393

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐

Part 1: Creditors with Priority Unsecured Claims

Collecting for

☐

Part 2: Creditors with Nonpriority Unsecured Claims

Washington University

Last 4 digits of account number

6 7 4 2

Capital Management Services, LP

Name

698 1/2 South Ogden Street

Number Street

Buffalo

NY

14206-2317

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐

Part 1: Creditors with Priority Unsecured Claims

Collecting for U.S. Bank

☐

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0 7 4 9

Cavalry SPV I, LLC

Name

120 South Central Avenue

Number Street

Clayton

MO

63105

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐

Part 1: Creditors with Priority Unsecured Claims

**Collecting for Capital
One Bank**

☐

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6 4 1 3

Cba Collection Bureau

Name

PO Box 5013

Number Street

Hayward

CA

94540

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐

Part 1: Creditors with Priority Unsecured Claims

**Collecting for Charter
Communications**

☐

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8 4 4 9

Cbe Group

Name

131 Tower Park Drive Suite 100

Number Street

Waterloo

IA

50704

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐

Part 1: Creditors with Priority Unsecured Claims

Collecting for Spire

☐

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4 4 7 1

Century Loan Investors, LLC

Name

c/o Austin Realty

Number Street

2009 Yale Avenue

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐

Part 1: Creditors with Priority Unsecured Claims

☐

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1 2 1 2

Maplewood

MO

63143

City

State

ZIP Code

Debtor 1 **Murial Velinda Wells**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

CFM

Name

P.O. Box 674257

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collection

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 6 2 6

Marietta

GA

30006

City

State

ZIP Code

Consumer Collection Management, Inc.

Name

P.O. Box 1839

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for

Washington University

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 7 9 5

Maryland Heights

MO

63043-1839

City

State

ZIP Code

Consumer Collection Mn

Name

2333 Grissom Dr

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Colon

Rectal Health Center

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 9 8 1

Saint Louis

MO

63146

City

State

ZIP Code

Convergent

Name

PO Box 9004

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Verizon

Wireless

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 5 0 0

Renton

WA

98057

City

State

ZIP Code

Credit Collection Services

Name

Two Wells Avenue, Dept. 9134

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for AT&T

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 4 3 0

Newton

MA

02459

City

State

ZIP Code

Express Collections, Inc.

Name

P.O. Box 9307

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Smart

Sales & Lease

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 6 7 6

Rapid City

SD

57709-9307

City

State

ZIP Code

Debtor 1 **Murial Velinda Wells**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Franklin Collection Service, Inc.

Name

P.O. Box 3910

Number Street

Tupelo

City

MS

State

38803

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for AT&T

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4 1 1 7

HRRG

Name

P.O. Box 5406

Number Street

Cincinnati

City

OH

State

45273

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

**Collecting for Inpt Const
of Missouri**

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 2 1 2

HS Financial Group, LLC

Name

P.O. Box 451193

Number Street

Cleveland

City

OH

State

44145

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

**Collecting for St. Louis
Community College**

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 2 1 1

I.c. System, Inc

Name

Po Box 64378

Number Street

Saint Paul

City

MN

State

55164

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

**Collecting for Charter
Communications**

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 8 7 0

IC System

Name

Attn: Bankruptcy

Number Street

444 Highway 96 East; PO Box 64378

St. Paul

City

MN

State

55164

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

**Collecting for Banfield
Pet Hospital**

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 0 0 1

Illinois Department of Revenue

Name

Bankruptcy Section

Number Street

P.O. Box 64338

Chicago

City

IL

State

60664-0338

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Illinois Income Taxes

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 2 1 2

Debtor 1 **Murial Velinda Wells**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

IRS

Name

P.O. Box 7346

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Federal Income Taxes

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 2 1 2

Philadelphia

PA

19101-7346

City

State

ZIP Code

Jefferson Capital Syst

Name

16 Mcleland Rd

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Verizon

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Wireless

Last 4 digits of account number 2 0 0 3

Saint Cloud

MN

56303

City

State

ZIP Code

Lathrop Gage

Name

7701 Forsyth Blvd.

Number Street

Suite 500

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Attorney for Century

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Loan Investors, LLC

Last 4 digits of account number _____

Clayton

MO

63105

City

State

ZIP Code

LVNV Funding, LLC

Name

P.O. Box 10585

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Credit One

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Bank

Last 4 digits of account number 2 2 5 0

Greenville

SC

29603

City

State

ZIP Code

Medical Revenue Services

Name

P.O. Box 938

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Missouri

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Baptist Medical Center

Last 4 digits of account number 4 4 5 8

Vero Beach

FL

32961

City

State

ZIP Code

Michael Shayne Kisling

Name

P.O. Box 854

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Attorney for MDOR

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 8 9 9

Jefferson City

MO

65105

City

State

ZIP Code

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Midwest Recovery Syste

Name

514 Earth City Plaza

Number Street

Earth City

City

MO

State

63045

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

**Collecting for Our
Urgent Care, LLC**

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 3 0 5

Missouri Department of Revenue

Name

P.O. Box 475301

Number Street

West High Street

Jefferson City

City

MO

State

65105-0475

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Missouri Income Taxes

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 2 1 2

National Healthcare Co

Name

220 Salt Lick Rd

Number Street

Saint Peters

City

MO

State

63376

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

**Collecting for Advanced
Bone Joint**

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 4 2 4

NCB Management Services, Inc.

Name

P.O. Box 1099

Number Street

Langhorne

City

PA

State

19047

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for PNC Bank

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 9 5 3

NCO Financial

Name

2135 E. Primrose, Suite Q

Number Street

Springfield

City

MO

State

65804

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

**Collecting for Depaul
Health Center**

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 2 1 2

NCO Financial Systems

Name

PO Box 15270

Number Street

Wilmington

City

DE

State

19850

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

**Collecting for Cardinal
Glennon Children's**

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 2 1 2

Debtor 1 **Murial Velinda Wells**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Oneadvantage

Name

7650 Magna Drive

Number Street

Belleville

City

IL

State

62223

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

**Collecting for Missouri
Baptist Medical Center**

Last 4 digits of account number 1 5 2 9

Receivable Recovery Se

Name

Po Box 7100

Number Street

Metairie

City

LA

State

70010

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

**Collecting for Gateway
Orthodontics**

Last 4 digits of account number 3 2 0 6

Recmgmt Srvc

Name

240 Emery Street

Number Street

Bethlehem

City

PA

State

18015

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

**Collecting for
Progressive Insurance**

Last 4 digits of account number 7 4 8 5

Southwest Credit Systems, LP

Name

P.O. Box 650543

Number Street

Dallas

City

TX

State

75265

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

**Collecting for AT&T
Uverse**

Last 4 digits of account number 8 6 9 4

Synerprise Consulting Service, Inc.

Name

2809 Regal Road

Number Street

Suite 107

Plano

City

TX

State

75075

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

**Collecting for The
Schumacher Group**

Last 4 digits of account number 6 4 0 8

Todd, Bremer, Lawson, Inc.

Name

560 South Herlong Avenue

Number Street

Rock Hill

City

SC

State

29732

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

**Collecting for St. Louis
Community College**

Last 4 digits of account number 1 5 8 2

Debtor 1 **Murial Velinda Wells**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Transworld Sys Inc/55

Name

500 Virginia Dr Ste 514

Number Street

Ft Washington

City

PA

State

19034

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Collecting for SSM

Health DePaul Hospital

Last 4 digits of account number 1 6 5 2

Transworld Sys Inc/55

Name

500 Virginia Dr Ste 514

Number Street

Ft Washington

City

PA

State

19034

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Collecting for SSM

Health DePaul Hospital

Last 4 digits of account number 4 6 6 3

Transworld Sys Inc/55

Name

500 Virginia Dr Ste 514

Number Street

Ft Washington

City

PA

State

19034

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Collecting for SSM

Health DePaul Hospital

Last 4 digits of account number 7 1 2 9

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$0.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$146,636.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$181,774.41</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$328,410.41</u>

Fill in this information to identify your case:

Debtor 1	<u>Murial</u>	<u>Velinda</u>	<u>Wells</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF MISSOURI</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1 SJS Properties - Landlord

**One year rental apartment lease.
Contract to be ASSUMED**

Name

Number Street

City

State

ZIP Code

Fill in this information to identify your case:

Debtor 1	Murial	Velinda	Wells
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MISSOURI		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
☐ No
☒ Yes
2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☐ No
☐ Yes
3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1	Daniel Thomas, Jr.
	Name
	315 Riverview Lane
	Number Street
	Apt. 5
	St. Charles
	City
	MO
	State
	63301
	ZIP Code

☐ Schedule D, line _____
☒ Schedule E/F, line **4.23**
☐ Schedule G, line _____
Commerce Bk

Fill in this information to identify your case:

Debtor 1	Murial	Velinda	Wells
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MISSOURI		
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Human Resource Support	
Employer's name	St. Louis Public Schools	
Employer's address	801 North 11th Street	
	Number Street	Number Street
	St. Louis	
	City	City
	MO	
	State	State
	63101	
	Zip Code	Zip Code
How long employed there?	3 Months	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$3,156.40	
3. Estimate and list monthly overtime pay.	\$0.00	
4. Calculate gross income. Add line 2 + line 3.	\$3,156.40	

Debtor 1 **Murial Velinda Wells**

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$3,156.40	
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$725.96	
5b. Mandatory contributions for retirement plans	5b. \$94.68	
5c. Voluntary contributions for retirement plans	5c. \$0.00	
5d. Required repayments of retirement fund loans	5d. \$0.00	
5e. Insurance	5e. \$596.61	
5f. Domestic support obligations	5f. \$0.00	
5g. Union dues	5g. \$0.00	
5h. Other deductions. Specify: _____	5h. + \$0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$1,417.25	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$1,739.15	
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	
8b. Interest and dividends	8b. \$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	
8d. Unemployment compensation	8d. \$0.00	
8e. Social Security	8e. \$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Stamps	8f. \$642.00	
8g. Pension or retirement income	8g. \$0.00	
8h. Other monthly income. Specify: _____	8h. + \$0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$642.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$2,381.15	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12. \$2,381.15	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. None. <input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	<u>Murial</u>	<u>Velinda</u>	<u>Wells</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF MISSOURI</u>		
Case number (if known)	_____		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

☐ No

☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>Son</u>	<u>4 Years</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Son</u>	<u>7 Years</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Daughter</u>	<u>16 Years</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence.
Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

Your expenses

4. \$750.00

4a. _____

4b. _____

4c. \$10.00

4d. _____

Debtor 1 **Murial Velinda Wells**

Case number (if known) _____

Your expenses

5. Additional mortgage payments for your residence , such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$109.00</u>
6b. Water, sewer, garbage collection	6b.	_____
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$79.00</u>
6d. Other. Specify: <u>Cellular Services</u>	6d.	<u>\$138.00</u>
7. Food and housekeeping supplies	7.	<u>\$800.00</u>
8. Childcare and children's education costs	8.	_____
9. Clothing, laundry, and dry cleaning	9.	<u>\$100.00</u>
10. Personal care products and services	10.	<u>\$100.00</u>
11. Medical and dental expenses	11.	<u>\$100.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$175.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	<u>\$20.00</u>
14. Charitable contributions and religious donations	14.	_____
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	_____
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	_____
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1 Anticipated Car Payment	17a.	<u>\$450.00</u>
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____

Debtor 1 Murial Velinda Wells

Case number (if known) _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: _____ 21. **+** _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a. <u>\$2,831.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. <u>\$2,831.00</u>

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. <u>\$2,381.15</u>
23b. Copy your monthly expenses from line 22c above.	23b. <u>-\$2,831.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. <u>(\$449.85)</u>

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here:

Debtor is now renting a car--week to week, at \$188.00 (\$815.00 per month) and she intends to purchase a car at no more than \$450.00 per month, once her credit qualifies.

Fill in this information to identify your case:

Debtor 1	Murial	Velinda	Wells
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$2,137.90
1c. Copy line 63, Total of all property on Schedule A/B.....	\$2,137.90

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D....	\$5,903.97
--	-------------------

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	+ \$328,410.41

Your total liabilities

\$334,314.38

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	\$2,381.15
---	-------------------

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	\$2,831.00
---	-------------------

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$1,563.95

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

Total claim

From Part 4 on *Schedule E/F*, copy the following:

9a. Domestic support obligations. (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$146,636.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ <u>\$0.00</u>
9g. Total. Add lines 9a through 9f.	\$146,636.00

Fill in this information to identify your case:

Debtor 1	<u>Murial</u>	<u>Velinda</u>	<u>Wells</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF MISSOURI</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Murial Velinda Wells

Murial Velinda Wells, Debtor 1

Date 12/09/2019
MM / DD / YYYY

X _____

Signature of Debtor 2

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	<u>Murial</u>	<u>Velinda</u>	<u>Wells</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF MISSOURI</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

**Dates Debtor 1
lived there**

Debtor 2:

**Dates Debtor 2
lived there**

☐ Same as Debtor 1

☐ Same as Debtor 1

3154 Flatboat Station

Number Street

From November of 2017

To June of 2018

Number Street

From _____

To _____

St. Charles MO 63301

City State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Debtor 1 **Murial Velinda Wells**

Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of the current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$10,847.91 <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the last calendar year: (January 1 to December 31, <u>2018</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$26,523.00 <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, <u>2017</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$26,779.00 <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of the current year until the date you filed for bankruptcy:	Unemployment Food Stamps	\$1,280.00 \$3,144.00
For the last calendar year: (January 1 to December 31, <u>2018</u>) YYYY	Unemployment Food Stamps	\$0.00 \$2,820.00
For the calendar year before that: (January 1 to December 31, <u>2017</u>) YYYY	Unemployment Food Stamps	\$0.00 \$2,820.00

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
SJS Properties - Landlord Creditor's name		\$2,250.00		<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Rent</u>
Number Street		Debtor paid regular routine monthly payments in the amount of approximately \$750.00 per month for September, October, and November of 2019.		
City State ZIP Code				
Enterprise Rent A Car Creditor's name		\$2,445.00		<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Automobile Rent & Ir</u>
Number Street		Debtor paid regular routine monthly payments in the amount of approximately \$815.00 per month for September, October, and November of 2019.		
City State ZIP Code				

Debtor 1 Murial Velinda Wells Case number (if known) _____

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments that benefited an insider.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No
☐ Yes. Fill in the details.

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

- ☐ No. Go to line 11.
☒ Yes. Fill in the information below.

Describe the property			Date	Value of the property
Arsenal Credit Union Creditor's Name			2014 Ford Explorer	March of 2019
8651 Watson Rd Number Street				\$10,000.00
Saint Louis MO 63119 City State ZIP Code				
Explain what happened				
<input checked="" type="checkbox"/> Property was repossessed.				
<input type="checkbox"/> Property was foreclosed.				
<input type="checkbox"/> Property was garnished.				
<input type="checkbox"/> Property was attached, seized, or levied.				
Describe the property			Date	Value of the property
Credit Acceptance Corp Creditor's Name			2015 Kia Optima	June of 2019
Po Box 5070 Number Street				\$5,000.00
Southfield MI 48086 City State ZIP Code				
Explain what happened				
<input checked="" type="checkbox"/> Property was repossessed.				
<input type="checkbox"/> Property was foreclosed.				
<input type="checkbox"/> Property was garnished.				
<input type="checkbox"/> Property was attached, seized, or levied.				

Debtor 1 Murial Velinda Wells Case number (if known) _____

	Describe the property	Date	Value of the property
Enterprise Creditor's Name	Real estate located at 1670 Bobbinray Avenue, Florissant, MO 63031	cember of 20	\$85,000.00

1281 N Warson Rd

Number Street

Saint Louis

City

MO

State

63132

ZIP Code

Explain what happened

- ☐ Property was repossessed.
☒ Property was foreclosed.
☐ Property was garnished.
☐ Property was attached, seized, or levied.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 7: List Certain Payments or Transfers

- 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
<u>R.O.C. Law</u> Person Who Was Paid	<u>\$1050.00 Attorney Fee</u>		
<u>12964 Tesson Ferry Road</u> Number Street		<u>12/2019</u>	<u>\$1,050.00</u>
<u>Suite B</u>			
<u>St. Louis</u> <u>MO</u> <u>63128</u> City State ZIP Code			
<u>roettle@roclaw.com</u> Email or website address			

Person Who Made the Payment, if Not You

- 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

- 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

- 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)**

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
☒ Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Central Bank Name of Financial Institution	XXXX- _ _ _ _	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	<u>Oct. / Nov. 2019</u>	<u>\$0.00</u>
54 Highway W Number Street				
Lake Ozark City	MO State	65049 ZIP Code		

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No
☒ Yes. Fill in the details.

	Who else has or had access to it?	Describe the contents	Do you still have it?
U-Haul Moving & Storage Name of Storage Facility	None Name	Household goods and furnishings.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
7440 Mexico Road Number Street	Number Street		
St. Peters City	MO State	63376 ZIP Code	

Debtor 1 **Murial Velinda Wells**

Case number (if known) _____

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 Murial Velinda Wells

Case number (if known) _____

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.
☒ Yes. Check all that apply above and fill in the details below for each business.

Suga Baby Cakez and Pretzel Too, LLC Business Name	Describe the nature of the business Children's baking endeavor that is not yet operating.	Employer Identification number Do not include Social Security number or ITIN.
315 Riverview Lane, Apt. 5, St. Charles Number Street	Name of accountant or bookkeeper Self Kept	EIN: _____
_____ City State ZIP Code		Dates business existed From <u>02/2019</u> To <u>Present</u>

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Murial Velinda Wells
Murial Velinda Wells, Debtor 1
Date 12/09/2019

X _____
Signature of Debtor 2
Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person _____ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Murial	Velinda	Wells
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: **Acceptance Now**

Description of property securing debt: **PMSI - Bedroom Furniture**

- ☒ Surrender the property.
☐ Retain the property and redeem it.
☐ Retain the property and enter into a *Reaffirmation Agreement*.
☐ Retain the property and [explain]:

- ☐ No
☐ Yes

Creditor's name: **Progressive**

Description of property securing debt: **Box Springs and Mattresses**

- ☒ Surrender the property.
☐ Retain the property and redeem it.
☐ Retain the property and enter into a *Reaffirmation Agreement*.
☐ Retain the property and [explain]:

- ☐ No
☐ Yes

Creditor's name: **Smart Sales & Lease**

Description of property securing debt: **Bedroom Furniture**

- ☒ Surrender the property.
☐ Retain the property and redeem it.
☐ Retain the property and enter into a *Reaffirmation Agreement*.
☐ Retain the property and [explain]:

- ☐ No
☐ Yes

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

Lessor's name: **SJS Properties - Landlord**
Description of leased property: **One year rental apartment lease.**

☐ No
☒ Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X /s/ Murial Velinda Wells
Murial Velinda Wells, Debtor 1

X _____
Signature of Debtor 2

Date 12/09/2019
MM / DD / YYYY

Date _____
MM / DD / YYYY

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- **You are an individual filing for bankruptcy,**
and
- **Your debts are primarily consumer debts.**
Consumer debts are defined in 11 U.S.C. § 101(8)
as "incurred by an individual primarily for a
personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one
of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liquidation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family
farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for
individuals with regular income

**You should have an attorney review your
decision to file for bankruptcy and the choice
of chapter.**

Chapter 7: Liquidation

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty
preventing them from paying their debts and who are
willing to allow their non-exempt property to be used to
pay their creditors. The primary purpose of filing under
chapter 7 is to have your debts discharged. The
bankruptcy discharge relieves you after bankruptcy from
having to pay many of your pre-bankruptcy debts.
Exceptions exist for particular debts, and liens on
property may still be enforced after discharge. For
example, a creditor may have the right to foreclose a
home mortgage or repossess an automobile.

However, if the court finds that you have committed
certain kinds of improper conduct described in the
Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and
you receive a discharge, some debts are not discharged
under the law. Therefore, you may still be responsible to
pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form--sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together--called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION**

In re **Murial Velinda Wells**

Case No. _____

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<u>\$1,050.00</u>
Prior to the filing of this statement I have received.....	<u>\$1,050.00</u>
Balance Due.....	<u>\$0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

12/09/2019

Date

/s/ Randall T. Oettle

Randall T. Oettle

R.O.C. Law, Randall Oettle Company, P.C.

12964 Tesson Ferry, Suite B

St. Louis, MO 63128

Phone: (314) 843-0220 / Fax: (314) 843-0048

Bar No. 46820

/s/ Murial Velinda Wells

Murial Velinda Wells

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION**

IN RE: **Murial Velinda Wells**

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 12/9/2019

Signature /s/ Murial Velinda Wells
Murial Velinda Wells

Date _____

Signature _____

Acceptance Now
2409 North Highway 67
Florissant, MO 63033-2035

Advance America
2730 North Hwy 67
Florissant, MO 63033

Advanced Bone and Joint
P.O. Box 430
St. Peters, MO 63376

Allied Interstate Inc
7525 West Campus Rd
New Albany, OH 43054

Allied Waste Services
P.O. Box 9001099
Louisville, KY 40290

Alltran Financial, LP
P.O. Box 610
Sauk Rapids, MN 56379

AMCOL Systems, Inc.
P.O. Box 21625
Columbia, SC 29221

Ameren Missouri
P.O. Box 66529
St. Louis, MO 63166

AmeriCash Loans
10026 W Florissant Ave.
St. Louis, MO 63136

Arch Orthodontics
5976 Howdershell Road
Suite 207
Hazelwood, MO 63042

Arsenal Credit Union
8651 Watson Rd
Saint Louis, MO 63119

AT&T
P.O. Box 5014
Carol Stream, IL 60197

AT&T U-verse
P.O. Box 5014
Carol Stream, IL 60197

Axcssfncngo
7755 Montgomery Rd Ste 4
Cincinnati, OH 45236

Back Experts, LLC
19 Mullanphy Gardens
Florissant, MO 63031

Baer Pediatrics, LLC
3009 North Ballas Road
Suite 257C
St. Louis, MO 63131

Banfield Pet Hospital
2861 I-70 Service Road South
Saint Charles, MO 63301

Bass & Associates
3936 E. Fort Lowell Rd., Ste 200
Tucson, AZ 85712

Bay Area Credit Service
P.O. Box 468449
Atlanta, GA 31146

BJC Health Care
PO Box 958410
St. Louis, MO 63195

CACi
PO Box 1022
Wixom MI 48393

Capital 1 Bank
Attn: General Correspondence
PO Box 30285
Salt Lake City, UT 84130

Capital Management Services, LP
698 1/2 South Ogden Street
Buffalo, NY 14206-2317

Cardinal Glennon Children's Hospital
P.O. box 505157
St. Louis, MO 63150

Cashnet USA
P.O. Box 06230
Chicago, IL 60606

Cavalry SPV I, LLC
120 South Central Avenue
Clayton, MO 63105

Cba Collection Bureau
PO Box 5013
Hayward, CA 94540

Cbe Group
131 Tower Park Drive Suite 100
Waterloo, IA 50704

Central Bank
54 Highway W
Lake Ozark, MO 65049

Century Loan Investors, LLC
c/o Austin Realty
2009 Yale Avenue
Maplewood, MO 63143

CFM
P.O. Box 674257
Marietta, GA 30006

Charter Communications
941 Charter Commons Dr
Town & Country, MO 63017

Check N Go
262 Mayfair Plaza Shopping Center
Florissant, MO 63033-8009

Colon Rectal Health Center
2315 Dougherty Ferry Rd, Suite 107
St. Louis, MO 63122

Comenitybk/victoriasec
Po Box 182789
Columbus, OH 43218

Commerce Bk
P O Box 411036
Kansas City, MO 64141

Consumer Collection Management, Inc.
P.O. Box 1839
Maryland Heights, MO 63043-1839

Consumer Collection Mn
2333 Grissom Dr
Saint Louis, MO 63146

Convergent
PO Box 9004
Renton, WA 98057

Credit Acceptance Corp
Po Box 5070
Southfield, MI 48086

Credit Collection Services
Two Wells Avenue, Dept. 9134
Newton, MA 02459

Credit One Bank
PO Box 98873
Las Vegas, NV 89193

Credit One Bank
P.O. Box 98873
Las Vegas, NV 89193

Daniel Thomas, Jr.
315 Riverview Lane
Apt. 5
St. Charles, MO 63301

Delta Medical Supply, Inc.
9535 Lackland Road
Suite A
St. Louis, MO 63114

DePaul HC Phy Billing
PO Box 503913
St. Louis, MO 63150-3913

Depaul Health Center
1015 Corporate Square Drive
St. Louis, MO 63132

Enterprise
1281 N Warson Rd
Saint Louis, MO 63132

Ernst Radiology Clinic
P.O. Box 1127
Maryland Heights, MO 63043

Express Collections, Inc.
P.O. Box 9307
Rapid City, SD 57709-9307

First Premier Bank
3820 N Louise Ave
Sioux Falls, SD 57107

Franklin Collection Service, Inc.
P.O. Box 3910
Tupelo, MS 38803

Gateway Orthodontics
14 Grandview Plaza Shop
Florissant, MO 63033

Habitat for Humanity St. Louis
3763 Forst Park Avenue
St. Louis, MO 63108

Hackett Security, Inc.
9811 South Forty Drive
St. Louis, MO 63124

HRRG
P.O. Box 5406
Cincinnati, OH 45273

HS Financial Group, LLC
P.O. Box 451193
Cleveland, OH 44145

I.c. System, Inc
Po Box 64378
Saint Paul, MN 55164

IC System
Attn: Bankruptcy
444 Highway 96 East; PO Box 64378
St. Paul, MN 55164

Illinois Department of Revenue
Bankruptcy Section
P.O. Box 64338
Chicago, IL 60664-0338

Inpt Conslt of Missouri
P.O. Box 844914
Los Angeles, CA 90084

IRS
P.O. Box 7346
Philadelphia, PA 19101-7346

Jefferson Capital Syst
16 Mcleland Rd
Saint Cloud, MN 56303

Laclede Gas Compant
700 Market St.
St. Louis, MO 63101

Lathrop Gage
7701 Forsyth Blvd.
Suite 500
Clayton, MO 63105

LVNV Funding, LLC
P.O. Box 10585
Greenville, SC 29603

Medical Revenue Services
P.O. Box 938
Vero Beach, FL 32961

Mercy East
P.O. Box 505381
St. Louis, MO 63150

Mercy Hospital St. Louis
P.O. Box 504856
St. Louis, MO 63150-4856

Mercy St. John's Medical Center

Michael Shayne Kisling
P.O. Box 854
Jefferson City, MO 65105

Midwest Dermatology
P.O. Box 790379
St. Louis, MO 63179

Midwest Recovery Syste
514 Earth City Plaza
Earth City, MO 63045

Missouri American Water
P.O. Box 578
Alton, IL 62002-0578

Missouri Baptist Medical Center
3015 N. Ballas Road
St. Louis, MO 63131

Missouri Department of Revenue
P.O. Box 475301
West High Street
Jefferson City, MO 65105-0475

Mohela
633 Spirit Dr
Chesterfield, MO 63005

Mohela/sofi
633 Spirit Drive
Chesterfield, MO 63005

National Healthcare Co
220 Salt Lick Rd
Saint Peters, MO 63376

NCB Management Services, Inc.
P.O. Box 1099
Langhorne, PA 19047

NCO Financial
2135 E. Primrose, Suite Q
Springfield, MO 65804

NCO Financial Systems
PO Box 15270
Wilmington, DE 19850

Nextel Communication
75 Remittance Dr, Ste 93117
Chicago, IL 60675-3117

Oneadvantage
7650 Magna Drive
Belleville, IL 62223

Our Urgent Care, LLC
PO Box 2188
Loves Park, IL 61130

Pnc Bank
One Oliver Plaza
Pittsburgh, PA 15265

Progressive
11629 South 700 East
Suite 250
Draper, UT 84020

Progressive Insurance/Casualty Company
6300 Wilson Mills Rd.
Mayfield Village, OH 44143

Quest Diagnostics Incorporated
P.O.Box 740780
Cincinnati, OH 45274

Receivable Recovery Se
Po Box 7100
Metairie, LA 70010

Recmgmt Srvc
240 Emery Street
Bethlehem, PA 18015

Records Recovery Services
1709 Missouri Blvd.
Suite C #210
Jefferson City, MO 65109

Regions Bank
P.O. Box 11407
Birmingham, AL 35246

Schumacher Group
P.O. Box 731650
Dallas, TX 75375-1650

Shari L. Kaminsky, DPM
Jerry M. Liddell, DPM
P.O. Box 78609
St. Louis, MO 63178

SJS Properties - Landlord

SLU Care
P.O. Box 18353M
St. Louis, MO 63195-8353

Smart Sales & Lease
1774 Centre Street
Unit A
Rapid City, SD 57703

Southwest Credit Systems, LP
P.O. Box 650543
Dallas, TX 75265

Spectrum
P.O. Box 790086
St. Louis, MO 63179

Spire
Drawer 2
St. Louis, MO 63171

Sprint
P.O. Box 219554
Kansas City, MO 64121-9554

SSM Health Care
P.O. Box 795100
St. Louis, MO 63179-0700

SSM Health DePaul Hospital
P.O. Box 776236
Chicago, IL 60677

SSM Health Medical Group
P.O. Box 795100
St. Louis, MO 63179

SSM Health Medical Group
P.O. Box 955978
St. Louis, MO 63195

St Louis Community Cu
3651 Forest Park Ave
Saint Louis, MO 63108

St. Louis Community College
11333 Big Bend Road
Kirkwood, MO 63122-2810

St. Louis County Collector
41 S. Central Ave
St. Louis, MO 63105

Synerprise Consulting Service, Inc.
2809 Regal Road
Suite 107
Plano, TX 75075

Tbom/total Crd
Po Box 85710
Sioux Falls, SD 57118

Todd, Bremer, Lawson, Inc.
560 South Herlong Avenue
Rock Hill, SC 29732

Transworld Sys Inc/55
500 Virginia Dr Ste 514
Ft Washington, PA 19034

US Bank
332 Minnesota Drive
St. Paul, MN 55102

Us Dept Of Ed/glelsi
Po Box 7860
Madison, WI 53707

Verizon Wireless
1515 Woodfield Rd., Ste. 140
Schaumburg, IL 60173

Washington University Physicians
P.O. Box 502432
St. Louis, MO 63150-2432

Womens Care Consultants, LLC
3023 North Ballas Road
Suite 120D
St. Louis, MO 63131

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION**

IN RE: **Murial Velinda Wells**

CASE NO.

CHAPTER **7**

Prior Bankruptcy

EDMO
Case No.: 17-45187
Filed: 7/28/2017

Fill in this information to identify your case:				Check one box only as directed in this form and in Form 122A-1Supp:	
Debtor 1	<u>Murial</u>	<u>Velinda</u>	<u>Wells</u>		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)					
	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF MISSOURI</u>					
Case number (if known)	<u></u>				

☒ 1. There is no presumption of abuse.
☐ 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).
☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☒ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	<u>\$708.62</u>	<u></u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	<u>\$0.00</u>	<u></u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	<u>\$0.00</u>	<u></u>

Debtor 1 Murial Velinda Wells

Case number (if known) _____

Column A
Debtor 1

Column B
Debtor 2 or
non-filing spouse

5. Net income from operating a business, profession, or farm

	Debtor 1	Debtor 2		
Gross receipts (before all deductions)	<u>\$0.00</u>	_____		
Ordinary and necessary operating expenses	— <u>\$0.00</u> —	— _____ —		
Net monthly income from a business, profession, or farm	<u>\$0.00</u>	_____	Copy here →	<u>\$0.00</u>

6. Net income from rental and other real property

	Debtor 1	Debtor 2		
Gross receipts (before all deductions)	<u>\$0.00</u>	_____		
Ordinary and necessary operating expenses	— <u>\$0.00</u> —	— _____ —		
Net monthly income from rental or other real property	<u>\$0.00</u>	_____	Copy here →	<u>\$0.00</u>

7. Interest, dividends, and royalties

\$0.00

8. Unemployment compensation

\$213.33

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:↓

For you..... \$0.00

For your spouse..... _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$0.00

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

Food Stamps 6/1/19-11/30/19

\$642.00

Total amounts from separate pages, if any.

+ _____ + _____

11. Calculate your total current monthly income.

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

\$1,563.95	+		=	\$1,563.95
-------------------	---	--	---	-------------------

Total current monthly income

Debtor 1 Murial Velinda Wells Case number (if known) _____

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11.....**Copy line 11 here** → 12a. \$1,563.95
Multiply by 12 (the number of months in a year). **X 12**
12b. The result is your annual income for this part of the form. 12b. \$18,767.40

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. Missouri
Fill in the number of people in your household. 4
Fill in the median family income for your state and size of household..... 13. \$85,651.00
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

- 14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
Go to Part 3.
14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*
Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Murial Velinda Wells
Murial Velinda Wells, Debtor 1

Date 12/9/2019
MM / DD / YYYY

X _____
Signature of Debtor 2

Date _____
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.